



OTP-901  
Rev. 5-97

# INDIANA DEPARTMENT OF REVENUE

P.O. BOX 901  
INDIANAPOLIS, IN 46206-0901

|                 |  |  |  |  |  |
|-----------------|--|--|--|--|--|
| FOR OFFICE ONLY |  |  |  |  |  |
| OTP             |  |  |  |  |  |
|                 |  |  |  |  |  |
|                 |  |  |  |  |  |

## APPLICATION FOR OTHER TOBACCO PRODUCTS DISTRIBUTOR'S LICENSE

Renewal ☐ New Certificate ☐

|   |  |                  |        |                           |          |
|---|--|------------------|--------|---------------------------|----------|
| Applicant's Name - Enter individual's, partnership's, or corporation's name |  |                  |        | Federal ID Number         |          |
| Business/Trade Name (if different than above)                               |  | Telephone Number |        | Owner's Social Security # |          |
| Mailing Address (Street or P.O. Box Number)                                 |  | City or Town     | County | State                     | Zip Code |
| Location Address of Business (if different than above)                      |  | City or Town     | County | State                     | Zip Code |

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

If Corporation: Date of Incorporation: \_\_\_\_\_

If Foreign Corporation: Date of Acceptance by Indiana Secretary of State: \_\_\_\_\_

If an Indiana corporation or a foreign corporation, give name and address of Resident Agent: \_\_\_\_\_

### Identification of Partners or Corporate Officers

| Name (last name first) | Social Security Number | Address | City | State | Zip Code | Title |
|------------------------|------------------------|---------|------|-------|----------|-------|
|                        |                        |         |      |       |          |       |
|                        |                        |         |      |       |          |       |
|                        |                        |         |      |       |          |       |
|                        |                        |         |      |       |          |       |

Reason License Needed (Answer Yes or No):

New Business:

Purchase of Existing Business:

Lease of Existing Business:

From Whom Was Business Purchased or Leased?

Reinstatement of Old License:

Does Applicant Presently Hold a Cigarette Tax License? \_\_\_\_\_ License Number: \_\_\_\_\_

Has Applicant Previously Held a Cigarette Tax License? \_\_\_\_\_ License Number: \_\_\_\_\_

Does Applicant Presently Hold an Indiana Registered Retail Merchants Certificate? \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Does Applicant Presently Hold Any Other Licenses or Permits Issued by any State Agency?

| STATE AGENCY | TYPE OF LICENSE OR PERMIT | NUMBER |
|--------------|---------------------------|--------|
|              |                           |        |
|              |                           |        |
|              |                           |        |
|              |                           |        |
|              |                           |        |

|   |                           |
|---|---------------------------|
| Audit Information:  |                           |
| Location Where Records Will Be Available For Audit:                                   |                           |
| Phone Number of Location Of Audit Records:  |                           |
| Phone Number of Business Location:  |                           |
| Indicate Address of Each Location In Which You Have Other Tobacco Products in Storage |                           |
| <b>Location</b>   | <b>OTP License Number</b> |
|   |                           |
|   |                           |
|   |                           |
|   |                           |

Indicate Name, Address, Phone Number and Estimated Annual Purchases from Whom You Currently Purchase and/or Expect to Purchase Other Tobacco Products:  
(A Computer Generated List Which Includes All Requested Information Will Be Accepted)

| Supplier's Name | Address | Phone Number  | Estimated Annual Purchases |
|-----------------|---------|---------------|----------------------------|
|                 |         |               |                            |
|                 |         |               |                            |
|                 |         |               |                            |
|                 |         |               |                            |
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|                 |         |               |                            |
|                 |         |               |                            |
|                 |         |               |                            |
|                 |         |               |                            |
|                 |         | <b>TOTAL:</b> |                            |

If Necessary Attach Additional List:

Does Your Company Expext to Sell Other Tobacco Products Into Another State?\_\_\_\_\_

List States: \_\_\_\_\_

I hereby declare under penalties of perjury that the information contained in this return, including accompanying schedules and statements, is true, correct and complete to the best of my knowledge and belief.

|                                |       |
|--------------------------------|-------|
| Signature of Taxpayer or Agent | Title |
| Telephone Number               | Date  |